

**STANDING CHAPTER 13 TRUSTEE ALEJANDRO OLIVERAS RIVERA**  
**REPORT OF ACTION TAKEN**  
**MEETING OF CREDITORS**

In re:

RUBEN MALDONADO RAMIREZ

Case No. 10-07163-SEK

Chapter 13

Attorney Name: JOSE PRIETO CARBALLO ESQ\*

<b>I. Appearances</b>		Date: September 22, 2010 Time: 7:28pm Track: 26 <input checked="" type="checkbox"/> This is debtor(s) _____ Bankruptcy filing. Liquidation Value: <u>N/A</u> Creditors <hr/> <hr/> <hr/>					
Debtor <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent Joint Debtor <input type="checkbox"/> Present <input type="checkbox"/> Absent Attorney for Debtor <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Pro-se <input type="checkbox"/> Substitute _____							
<b>II. Oath Administered</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>III. Documents Filed/Provided</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input checked="" type="checkbox"/> Schedules  <input checked="" type="checkbox"/> Statement of Financial Affairs (SOFA)  <input checked="" type="checkbox"/> Statement of Current Monthly Income (SCMI)  <input checked="" type="checkbox"/> Credit counseling briefing certificate (CCC)  <input type="checkbox"/> Waiver requested by debtor(s)  <input type="checkbox"/> DSO Certificate         </td> <td style="width: 50%;"> <input type="checkbox"/> DSO Recipient's information  <input type="checkbox"/> State Tax Returns _____ <input type="checkbox"/> Returned  <input type="checkbox"/> Federal Tax Returns _____ <input type="checkbox"/> Returned  <input type="checkbox"/> Evidence of income (60 days prior to petition)         </td> </tr> </table>				<input checked="" type="checkbox"/> Schedules <input checked="" type="checkbox"/> Statement of Financial Affairs (SOFA) <input checked="" type="checkbox"/> Statement of Current Monthly Income (SCMI) <input checked="" type="checkbox"/> Credit counseling briefing certificate (CCC) <input type="checkbox"/> Waiver requested by debtor(s) <input type="checkbox"/> DSO Certificate	<input type="checkbox"/> DSO Recipient's information <input type="checkbox"/> State Tax Returns _____ <input type="checkbox"/> Returned <input type="checkbox"/> Federal Tax Returns _____ <input type="checkbox"/> Returned <input type="checkbox"/> Evidence of income (60 days prior to petition)		
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<b>IV. Status of Meeting</b> <input type="checkbox"/> Closed <input checked="" type="checkbox"/> Not Held <input type="checkbox"/> Continued _____ at _____							
<b>V. Trustee's Report on Confirmation</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input checked="" type="checkbox"/> FAVORABLE  <input checked="" type="checkbox"/> UNFAVORABLE         </td> <td style="width: 50%;"> <input type="checkbox"/> Feasibility  <input type="checkbox"/> Insufficiently funded  <input type="checkbox"/> Unfair discrimination  <input type="checkbox"/> Fails liquidation value test  <input type="checkbox"/> Fails disposable income test (I &amp; J)  <input type="checkbox"/> No provision for secured creditor(s)  <hr/>  <input type="checkbox"/> Treat value of collateral separately  <input type="checkbox"/> No provision for insurance  <input type="checkbox"/> Tax returns missing  <input type="checkbox"/> State - years _____  <input type="checkbox"/> Federal - years _____         </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> No DSO certificate (Post-petition)  <input type="checkbox"/> Evidence of income  <input type="checkbox"/> Missing <input type="checkbox"/> Incomplete  <input type="checkbox"/> Stmt. of Current Monthly Income  <input type="checkbox"/> Incomplete <input type="checkbox"/> Missing  <input type="checkbox"/> Fails commitment period <input type="checkbox"/> Fails Disp. Income  <input type="checkbox"/> Certificate of Credit briefing  <input type="checkbox"/> Missing <input type="checkbox"/> More than 180 days  <input type="checkbox"/> Issuer not certified by U.S.T.  <input type="checkbox"/> Incomplete schedules  <input type="checkbox"/> Incomplete S.O.F.A.  <input type="checkbox"/> Other: _____         </td> </tr> </table>				<input checked="" type="checkbox"/> FAVORABLE <input checked="" type="checkbox"/> UNFAVORABLE	<input type="checkbox"/> Feasibility <input type="checkbox"/> Insufficiently funded <input type="checkbox"/> Unfair discrimination <input type="checkbox"/> Fails liquidation value test <input type="checkbox"/> Fails disposable income test (I & J) <input type="checkbox"/> No provision for secured creditor(s) <hr/> <input type="checkbox"/> Treat value of collateral separately <input type="checkbox"/> No provision for insurance <input type="checkbox"/> Tax returns missing <input type="checkbox"/> State - years _____ <input type="checkbox"/> Federal - years _____	<input type="checkbox"/> No DSO certificate (Post-petition) <input type="checkbox"/> Evidence of income <input type="checkbox"/> Missing <input type="checkbox"/> Incomplete <input type="checkbox"/> Stmt. of Current Monthly Income <input type="checkbox"/> Incomplete <input type="checkbox"/> Missing <input type="checkbox"/> Fails commitment period <input type="checkbox"/> Fails Disp. Income <input type="checkbox"/> Certificate of Credit briefing <input type="checkbox"/> Missing <input type="checkbox"/> More than 180 days <input type="checkbox"/> Issuer not certified by U.S.T. <input type="checkbox"/> Incomplete schedules <input type="checkbox"/> Incomplete S.O.F.A. <input type="checkbox"/> Other: _____	
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VI. Plan

Date: August, 7, 2010 Base \$ 9,000.00 [X] Filed Evidence of Pmt shown: C (Cont.)  
Payments 0 made out of 1 due. [ ] Not Filed

VII. Confirmation Hearing Date: October, 15, 2010

VIII. Attorney's fees as per R. 2016(b)

\$3,000.00 - \$ 326.00 = \$ 2,674.00

IX. Documents to be provided w/in \_\_\_\_ days

[ ] Amended schedules \_\_\_\_\_

[ ] Amended S.O.F.A. \_\_\_\_\_

[ ] Insurance estimate \_\_\_\_\_

[ ] Amended plan \_\_\_\_\_

[ ] Assumption/Rejection executory contract \_\_\_\_\_

[ ] Business Documents \_\_\_\_\_

[ ] Appraisal \_\_\_\_\_

[ ] Monthly reports for the months \_\_\_\_\_

[ ] State tax returns years \_\_\_\_\_

[ ] Public Liability Insurance \_\_\_\_\_

[ ] Federal tax returns years \_\_\_\_\_

[ ] Premises \_\_\_\_\_

[ ] Correct SS # (Form B21) \_\_\_\_\_

[ ] Vehicle(s) \_\_\_\_\_

[ ] Debtor [ ] Joint debtor \_\_\_\_\_

[ ] Licenses issued by: \_\_\_\_\_

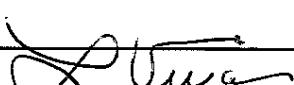
[ ] Other: \_\_\_\_\_

M.T.D. to be filed by Trustee: Debtor(s):  failed to appear;  failed to commence payments;

[ ] failed to keep payments current; [ ] does (do) not qualify as a debtor (\$109); \_\_\_\_\_

[ ] Other: \_\_\_\_\_

COMMENTS

  
Trustee/Presiding Officer

Date: September 22, 2010

(Rev.